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Date: February 3, 2005

Firm: USPTO

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Perlegen's Docket No.: 200/1011-10

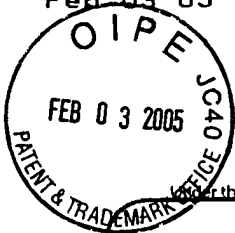
Re:
Applicant: PERLEGEN SCIENCES, INC.
Application No.: 10/042,406
Inventor(s): Sheehan, *et al.*

Enclosed please find the following documents:

1. Transmittal
2. Fees Transmittal
3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
4. Statement under 37 CFR 3.73(b)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/042,406
	Filing Date	January 9, 2002
	First Named Inventor	John B. Sheehan
	Art Unit	1631
	Examiner Name	Channing Mahatan
	Attorney Docket Number	200/1011-10
Total Number of Pages in This Submission		X4

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address -Statement under 37 CFR 3.73(b)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Deana A. Arnold, Ph.D.	
Signature		
Date	February 3, 2005	

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Typed or printed name	Barbara deRuyter	
Signature		Date February 3, 2005

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